DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



June 22, 1999

ALL-COUNTY INFORMATION NOTICE I-42-99

REASON FOR THIS TRANSMITTAL
() State Law Change
(X) Federal Law or Regulation Change
() Court Order or Settlement Agreement
() Clarification Requested by
One or More Counties
() Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ANNUAL FOOD STAMP PROGRAM PARTICIPANTS BY ETHNIC GROUP

REPORTS (DFA 358F AND DFA 358S)

This is to remind all counties of the annual requirement to submit the <u>Food Stamp</u> <u>Program Participants by Ethnic Group</u> (DFA 358F and DFA 358S) reports, as called for by Public Law 88.352. This law requires states to provide an ethnic and racial breakdown of the households that participated in the Food Stamp Program.

The DFA 358F and DFA 358S reports collect data on those households that participated in the Food Stamp Program for the month of July each year. Data collected on these reports will contain July 1999 data and is not a duplication of data requested via the <u>Annual Recipient Report on AFDC</u>, Social Services, Nonassistance Food Stamps, GAIN, and RCA Ethnic Origin and <u>Primary Language</u> (ABCD 350).

To accommodate the federal requirement to report the data categorized by "federal" and "state-only" households, report households composed of federal-only and combined federal/state members on the DFA 358F and report households composed of state-only members on the DFA 358S. Copies of both forms are attached.

County Welfare Directors Page Two

The completed DFA 358F and DFA 358S must be received in the Data Operations Branch by August 16, 1999, in order for California to meet Federal reporting dates. Combined data reported on the DFA 358F and 358S should correspond to data reported on the Participation and Issuance Report (DFA 256) for July 1999. Completed reports may be submitted by FAX to (916) 322-9254 or sent to:

California Department of Social Services Data Operations Branch Reports Unit, M.S. 19-81 P.O. Box 944243 Sacramento, CA 94244-2430

If you have any questions regarding this report, please contact Ginger Simpson, at (916) 323-7536 or Calnet 8-473-7536.

Original Document Signed By M.S. Howland on June 21, 1999

M. S. HOWLAND Deputy Director Program Planning and Performance Division

Attachments

c: CWDA

Send one copy to:
California Department of Social Services
Reports Unit, M.S. 19-81
P.O. Box 944243
Sacramento, CA 94244-2430

FOOD STAMP PROGRAM

Participants by Ethnic Group		COUNTY				
This report is due by August 16, 1999.		MONTH JU	ILY Y	YEAR 1999		
Number of households participating in the Food Stamp Program	during the mo	onth of July by ethnic g	group and assistand	ce status.		
FEDERAL-ONLY AND COMBINED HOUSEHOLDS		NUMBER OF HOUSEHOLDS				
ETHNIC GROUP	CODE	ASSISTANCE	NONASSISTAN	ICE TOTAL		
Black (not of Hispanic origin)	(3)					
Hispanic	(2)					
Asian or Pacific Islander	(4)					
American Indian or Alaskan Native	(5)					
White (not of Hispanic origin)	(1)					
Filipino	(7)					
Other						
TOTAL						
Remarks						
SIGNATURE OF PERSON TO CONTACT REGARDING THIS REPORT		TELEPHONE NUMBER		DATE		

Instructions for Completing Report

Send an original of the completed form to the Data Operations Branch, Reports Unit as soon as possible after the July report month, no later than August 16.

Report the number of households participating for the report month for each ethnic group under the applicable Assistance or Nonassistance column. Report only once those households that participated more than once in the month of July.

the ethnic group classification is determined at the time of application or recertification through a verbal request, or a visual determination if a response is not received. The number of households should be the same as the corresponding number of households on form DFA 256, Participation and Coupon Issuance Report. Any variance between these reports in the number of households reported of plus or minus two percent is to be explained in the Remarks' section.

Sign and date the report.

Ethnic Group Definitions

 ${\bf Black}$ - (Not of Hispanic Origin) -- All persons having origins in any of the Black racial groups of Africa.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Island. This area includes, for example, China, Japan, Korea and Samoa. Although persons of Filipino descent would normally be included under this category, because of a State requirement. Filipinos will be reported separately under the ethnic category, "Filipino".

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

White - (Not of Hispanic Origin) -- All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Filipino - All persons whose ancestry or ethnic origin is the Philippine Islands.

Asian-Pacific Islander Category

Please list the number of Asian-Pacific Islander households by ethnic group as noted below. The total on this page must equal the number listed on page 1, Code 4.

FEDERAL-ONLY AND COMBINED HOUSEHOLDS		NUMBER OF HOUSEHOLDS			
ETHNIC GROUP	CODE	ASSISTANCE	NONASSISTANCE	TOTAL	
Chinese	С				
Cambodian	Н				
Japanese	J				
Korean	К				
Samoan	М				
Asian Indian	N				
Hawaiian	Р				
Guamanian	R				
Laotian	Т				
Vietnamese	V				
Other Asian-Pacific Islander	Х				
	TOTAL				

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Sacramento, CA 94244-2430

FOOD STAMP PROGRAM

Participants by Ethnic Group		COUNTY			
This report is due by August 16, 1999.		MONTH JULY		YEAR 1999	
Number of households participating in the Food Stamp Program d	uring the mo	onth of July by ethnic o	group and assista	ance stat	us.
STATE-ONLY HOUSEHOLDS		NUMBER OF HOUSEHOLDS			
ETHNIC GROUP	CODE	ASSISTANCE	NONASSIST	ANCE	TOTAL
Black (not of Hispanic origin)	(3)				
Hispanic	(2)				
Asian or Pacific Islander	(4)				
American Indian or Alaskan Native	(5)				
White (not of Hispanic origin)	(1)				
Filipino	(7)				
Other					
TOTAL					
Remarks					
SIGNATURE OF PERSON TO CONTACT REGARDING THIS REPORT		TELEPHONE NUMBER			DATE

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STATE-ONLY HOUSEHOLDS	NUMBER OF HOUSEHOLDS			
ETHNIC GROUP	CODE	ASSISTANCE	NONASSISTANCE	TOTAL
Chinese	С			
Cambodian	Н			
Japanese	J			
Korean	K			
Samoan	М			
Asian Indian	N			
Hawaiian	Р			
Guamanian	R			
Laotian	Т			
Vietnamese	V			
Other Asian-Pacific Islander	Х			
	TOTAL			